



## PART B - FEE(S) TRANSMITTAL

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530 7590 07/10/2007

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10/10/2007 FRETEK12 00000001 121095 10052931

01	FC-2501	720.00	DA	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
02	[C-150]	APPLICATION NO 00.00	DA	10/05/2001	Georges Noundje	EGYP 3.0-018	1063

TITLE OF INVENTION: CAPILLARY ELECTROPHORESIS SYSTEMS AND ADDITIVES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700 720	\$300	\$0	\$1000 1020	10/10/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
NOGUEROLA, ALEXANDER STEPHAN	1753	204-451000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	

LERNER, DAVID, LITTBENBERG,

KRUMHOLZ & MENTLIK, LLP

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sebia

France

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies 13

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- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1095 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Date October 9, 2007

Typed or printed name \_\_\_\_\_

Arnold H. Krumholz

Registration No. 25,428

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